CUSTOMER.....VAC/ACC

PROVINCE.....NS

POC 11

LANGUAGE.....E

PRINT DATE: JULY 03, 2025

PROVINCE: NS
PROGRAM OF CHOICE: 11 - PROSTHETICS AND ORTHOTICS

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A	PRE-AUTHORIZATION GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
BRACES (INCLUDING RIGID OR SEMI RIGID) - ANKLE	508000	01-04-2023	MD,NP,PT,OT		MAC		4/1 CY	$200 PER OCCURENCE		SEE NOTE 1
BRACES (RIGID OR SEMI RIGID) - WRIST	502527	01-04-2023	MD,NP,OT,PT		MAC		4/1 CY	$200 PER OCCURENCE		SEE NOTE 1
BRACES (RIGID OR SEMI RIGID) - ARM	502513	01-04-2023	MD,NP,OT,PT		MAC		4/1 CY	$150 PER OCCURENCE		SEE NOTE 1
BRACES (RIGID OR SEMI RIGID) - BACK	502518	01-04-2023	MD,NP,OT,PT		MAC		4/1 CY	$400 PER OCCURENCE		SEE NOTE 1
BRACES (RIGID OR SEMI RIGID) - ELBOW	502521	01-04-2023	MD,NP,OT,PT		MAC		4/1 CY	$250 PER OCCURENCE		SEE NOTE 1
BRACES (RIGID OR SEMI RIGID) - KNEE	502511	01-04-2023	MD,NP,OT,PT		MAC		4/1 CY	$400 PER OCCURENCE		SEE NOTE 1
BRACES (RIGID OR SEMI RIGID) - LEG	502516	01-04-2023	MD,NP,OT,PT		MAC		4/1 CY	$500 PER OCCURENCE		SEE NOTE 1
BRACES (RIGID OR SEMI RIGID) - NECK	502514	01-04-2023	MD,NP,OT,PT		MAC		4/1 CY	$250 PER OCCURENCE		SEE NOTE 1
BRACES (RIGID OR SEMI RIGID) - SHOULDER	502524	01-04-2023	MD,NP,OT,PT		MAC		4/1 CY	$150 PER OCCURENCE		SEE NOTE 1

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BRACES - CUSTOM MADE OR CUSTOM FITTED	502509	01-08-2017	OS,PH,SR,RH VS,MD,NP,PT		MAC		1/2 CY PER BODY PART	$2,500.00		SEE NOTE 1
CAST	504360	01-08-2015	MD,NP		MAC				Y	
CAST - AIRCAST BOOTS - PREVENTATIVE MEDICINE	502500	01-08-2015	MD,NP		MAC		1/1CY			
COLLAR/CERVICAL COLLAR (SOFT AND HARD)	502714	01-08-2015	MD,C,NP		MAC		1/1 CY			
CORSET, ORTHOPEDIC BELT, GIRDLE	503017	01-08-2015	MD,NP		MAC		2/1 CY			
CUSTOM MADE FOOT ORTHOTICS	508010	01-04-2023	MD,NP,P,CH OT		MAC		2/24CM	$500.00 PER PAIR		SEE NOTE 6
DEFINITIVE ACTIVITY - SPECIFIC AID TO DAILY LIVING LOWER LIMB	501520	01-02-2016	MD,NP		MAC	MAC	1/3 CY PER SIDE		Y	SEE NOTES 1 AND 3
DEFINITIVE ACTIVITY - SPECIFIC AID TO DAILY LIVING UPPER LIMB	501521	01-02-2016	MD,NP		MAC	MAC	1/5 CY PER SIDE		Y	SEE NOTE 1
DEFINITIVE ACTIVITY - SPECIFIC RECREATIONAL LOWER LIMB	501522	01-02-2016	MD,NP		MAC	MAC	1/3 CY PER SIDE		Y	SEE NOTES 1 AND 3

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DEFINITIVE ACTIVITY - SPECIFIC RECREATIONAL UPPER LIMB	501523	01-02-2016	MD,NP		MAC	MAC	1/5 CY PER SIDE		Y	SEE NOTE 1
DEFINITIVE ARTIFICIAL BREAST	500517	01-02-2016	MD,NP		MAC	MAC	2/2 CY PER SIDE			SEE NOTE 1
DEFINITIVE ARTIFICIAL EAR	500716	01-02-2016	MD,NP		MAC	MAC	2/2 CY PER SIDE			SEE NOTE 1
DEFINITIVE ARTIFICIAL EYE	500918	01-02-2016	MD,NP		MAC	MAC	2/2 CY PER SIDE			SEE NOTE 1
DEFINITIVE ARTIFICIAL LOWER LIMB	501727	01-02-2016	MD,NP		MAC	MAC	2/3 CY PER SIDE		Y	SEE NOTE 1 AND 3
DEFINITIVE ARTIFICIAL NOSE	502032	01-02-2016	MD,NP		MAC	MAC	2/2 CY PER SIDE			SEE NOTE 1
DEFINITIVE ARTIFICIAL UPPER LIMB	500316	01-02-2016	MD,NP		MAC	MAC	2/5 CY PER SIDE		Y	PRIMARY AND BACK-UP; SEE NOTE 1
ELECTRONIC LARYNX/SPEECH PROSTHESIS	503518	01-08-2015	ES,MD,NP		MAC	MAC			Y	SEE NOTES 1
ELECTRONIC LARYNX/SPEECH PROSTHESIS - BATTERIES	502506	01-09-2012			MAC		2/1 CY			

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FOOTWEAR AND RELATED ACCESSORIES - ARCH SUPPORTS	500124	01-01-2018	MD,P,NP,CH		MAC		2 PAIR/1 CY			
FOOTWEAR AND RELATED ACCESSORIES - CUSTOM BUILT SHOES	503713	01-08-2017	OS,PH,MD		MAC		1 PAIR/1 CY	$2,500.00		SEE NOTE 1, SEE NOTE 6
FOOTWEAR AND RELATED ACCESSORIES - CUSTOM-BUILT WINTER BOOTS	504373	01-08-2017	OS,PH,MD		MAC		1/2 CY	$2,500.00		SEE NOTE 1, SEE NOTE 6
FOOTWEAR AND RELATED ACCESSORIES - FOOT PADS	504380	01-08-2015	MD,OH,PD,PRP,CH,NP		MAC		10/1 CY			
FOOTWEAR AND RELATED ACCESSORIES - INSOLES	504385	01-08-2015	MD,OH,PD,PRP,CH,NP		MAC		4 PAIRS/CY			
FOOTWEAR AND RELATED ACCESSORIES - MODIFICATIONS TO ORDINARY FOOTWEAR	503724	01-08-2017	MD,OH,P,PDPR,CH,NP		MAC				Y	SEE NOTE 1 AND 5
FOOTWEAR AND RELATED ACCESSORIES - ORDINARY SHOES ISSUED FOR A PRIMARY FITTING OF A PROSTHESIS	503729	01-08-2015	MD,OH,PD,PRNP		MAC	MAC			Y	
FOOTWEAR AND RELATED ACCESSORIES - SPECIAL OVERSHOES FOR CUSTOM MADE FOOTWEAR	503915	01-08-2015	MD,NP		MAC		1 PAIR/1 CY			SEE NOTE 1
JOINT SUPPORT (ELASTIC)	508001	01-04-2019	MD,NP,PT		MAC		4/1 CY			

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KNEE CAGE	504419	01-02-2016	MD,NP		MAC		2/2 CY PER SIDE			SEE NOTE 1
LINERS FOR PROTHESIS	506321	01-08-2017			MAC	MAC	6/1 CY			
MASTECTOMY SUPPLIES	504714	01-09-2012			MAC		4/1 CY			
OFF LOADING BOOTS	503733	01-02-2016	MD,OT,PT,NP		MAC		1 PR/1 CY			
ORTHOPEDIC OFF-THE-SHELF FOOTWEAR(WITHOUT MODIFICATION)	503728	01-08-2018	MD,NP,OH,PD PT,P,CH		MAC	MAC	$250/1 CY	$250	Y	
OSSEOINTEGRATION PROSTHETIC COMPONENTS	500920	24-07-2023	MD		MAC	MAC	1/4 CY			
OSTOMY HERNIA BELT	505836	01-08-2015	MD,NP		MAC		2/1 CY			
OTHER PROSTHETIC AND ORTHOTIC DEVICES	520100	01-09-2019			MAC	MAC			Y	
PREPARATORY LIMB	501524	01-08-2015			MAC	MAC			Y	

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PRESSURE REDUCTION BOOTS	503736	01-02-2016	MD,OT,PT,NP		MAC		1 PR/1 CY			
PROSTHETIC COMPONENT	501525	01-08-2015			MAC	MAC			Y	SEE NOTE 1
REPAIRS, ADJUSTMENTS, ALTERATIONS AND MAINTENANCE	505412	01-08-2015			MAC	MAC			Y	
SHEATHS	505617	01-08-2015			MAC		24/1 CY	$225 PER OCCURRENCE		
SHIPPING & DELIVERY CHARGES	502650	01-07-2008			MAC					
SLEEVE FOR PROSTHESIS	502600	10-12-2013			MAC		4/1 CY	$800.00		SEE NOTE 1
SLEEVE/LINER FOR BRACE	508015	01-08-2017			MAC		$100/BRACE/CY	$100.00		
SLINGS	505721	01-08-2015			MAC		2/1 CY			
SPLINT	506125	10-12-2013			MAC		4/1 CY			

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STOCKINETTE	504396	10-12-2013			MAC					SEE NOTE 1
STUMP LOTION/CREAM	506322	01-09-2012			MAC		12/1 CY			
STUMP SHRINKERS	502652	01-09-1996			MAC					SEE NOTE 1
STUMP SOCKS	506320	01-08-2015			MAC		24/1 CY			
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0GST	01-06-2010								
TES BELT (PROSTHETIC SUPPORT BELT)	506518	01-08-2015			MAC	MAC	3/1 CY		Y	SEE NOTE 1
TRUSS (HERNIA BELT, SCROTAL SUPPORT)	506643	01-08-2015	MD,NP		MAC		2/1 CY			
WIG	507024	01-08-2015	MD,NP		TAC	TAC			Y	

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- GENERAL NOTES

- COMMAS APPEARING IN THE "PRESCRIBER REQUIRED" AND "RECOMMENDER REQUIRED" COLUMNS INDICATE OR, EG. "MD", "RN" MEANS "MD" OR "RN".

- SPECIAL NOTES

- NOTE 1 - PRESCRIBER NOT REQUIRED FOR REPLACEMENT ISSUE

- NOTE 3 - INITIAL PRESCRIPTION FOR ONE OF THESE THREE LOWER LIMB BENEFIT CODES 501520, 501522 AND 501727 IS SUFFICIENT.

- NOTE 5 - LEG LENGTH DISCREPANCY MUST BE AT LEAST 1.5CM

- NOTE 6 - IF CLIENT'S NEEDS CAN BE MET USING BENEFIT CODE 508010, BENEFIT CODES 503713 AND 504373 SHOULD NOT BE APPROVED. IF MEDICAL NEED FOR BENEFIT CODES 503713 AND 504373 HAS BEEN ESTABLISHED, BENEFIT CODE 508010 SHOULD NOT BE APPROVED